



ANNAPOLIS DEPARTMENT OF TRANSPORTATION
TAXICAB OWNER'S APPLICATION
(Application Fee - Non-Refundable)
Licensing Year: July 1, 2002 - June 30, 2003
IMPORTANT NOTICE

False or incomplete responses to any of the following, constitutes perjury and will result in refusal of license or, if granted, revocation of same. All application questions must be answered, if more space is needed, use reverse of form and identify answers by heading or number. Please print in ink or use a typewriter. If question does not apply, put "N/A".

Owner Name (If partnership, list partners and extent of owners. If corporation, name of president and secretary) _____

Trade Name _____ **Phone No.** _____

Business Address _____

Vehicle Information: (Supply Color photo of Vehicle) Make/Model _____ **YR** _____ **MD Tag** _____

City Permit _____ **Co. ID** _____ **VIN** _____ **Color Scheme** _____

I, the undersigned, hereby apply to the Director of Parking and Transportation of the City of Annapolis for a permit to operate my taxicab(s) in the City of Annapolis, and for that purpose file this application, submit the necessary certificates and registrations and make the following certifications:

OWNER/EMPLOYER CERTIFICATION

I/We hereby certify that I/We have Workmen's Compensation insurance as required under Article 101 of the Annotated Code of Maryland have a certificate (or copy) of such on file with the Dept. of Transportation:

Date

Signature of Applicant

OWNER/OPERATOR CERTIFICATION

I/We hereby certify that all the taxicabs listed above have been inspected as stipulated in Section 23-101(e) of the Transportation Article of the Annotated Code of Maryland within the past thirty (30) days of the date of this application, and further, submit an Inspection Certificate (or copy of same) attesting to such inspection for each taxicab listed above.

Date

Signature of Applicant

I/We hereby certify to the truth of the statements made in this application and agree to comply with all City, County, State and Federal ordinances, laws and/or statutes including rules of the company or association employing me and the regulation of Chapter 7.18 of the City Code of Annapolis, Maryland 1986 edition, as amended.

Date

Signature of Applicant

AFFIDAVIT

State _____ County _____
Sworn to before me, a Notary Public of the state and county aforesaid, this _____ Day of _____, 20____

My Commission Expires: _____ (Notary Public)

The following documents (or copies thereof) have been provided:

Workmen's Compensation Insurance Certificate _____ Vehicle Inspection Certificate _____ Vehicle Registration Certificate _____

Date

Signature of Transportation Official

OFFICE USE ONLY

DECISION OF THE DIRECTOR OF TRANSPORTATION

APPROVED () DISAPPROVED ()

Date

Director of Transportation